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STATEMENT TO HOUSE OF REPRESENTATIVES, SUBCOMMITTEE ON HEALTH AND SAFETY, ON INTERNATIONAL MEDICAL RESEARCH, July 23, 1959

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My name is Michael E. De Bakey. I am Professor of Surgery and Chairman of the Department of Surgery at Baylor University College of Medicine, Houston, Texas. As a teacher of surgery and a practicing surgeon, with a long-standing interest in research and investigation, and through my association with a number of advisory groups to national agencies, I am somewhat familiar with a number of research and educational programs under the auspices of the Federal Government. In addition, I had an opportunity to spend a year of my training abroad under the pioneering leadership of one of the foremost vascular surgeons, Professor René Leriche of Strasbourg, and I thus have some familiarity with such work outside of our own country. On this basis I should like to express my enthusiastic and strong support of the International Medical Research Bill.

Most important among my reasons for support of this bill is the firm conviction that it will provide one of the most effective means of advancing and acquiring medical scientific knowledge in furthering the health of our own people as well as that of others. There is no doubt in my mind that even from a purely economic standpoint our money will be well spent that is spent for improvement of the health of all peoples. This may be exemplified in many ways. Indeed, medical history is replete with such examples, and a number of distinguished scientists have presented illustrations of how important

medical discoveries which have emerged from scientific laboratories of many countries throughout the world have produced significant improvement to the health of our people. I should like to cite still another example of how such research efforts in other parts of the world may have great potential value to our own people. This is concerned with an area of endeavor in which I have a primary interest, that is, cardiovascular diseases. The importance of research in this field of endeavor is well recognized since heart disease constitutes by far the most frequent cause of death and disability in this country. Indeed, it accounts for more deaths than all other diseases combined, and the underlying factor responsible for these deaths is arteriosclerosis. Despite increasingly intensive research efforts there remains much lack of knowledge concerning the pathogenesis and fundamental biochemical and metabolic factors contributing to its development. There has been urgent need for more precise and effective research methods for the investigation of these various factors. During the past year there has been developed a method termed gas phase chromatography, which along with the use of radioisotopes would appear to meet this urgent need. There are reasons to believe that this research methodology may provide one of the most important developments in elucidating the underlying factors contributing to arteriosclerosis and thus in providing more effective means of controlling heart disease. This would be of incalculable benefit to our American people, yet the basic research leading to this development was carried out in a scientific laboratory in London.

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The benefit to our nation of the work made possible by an International Medical Research Bill would be incomparably greater than the significance of the funds expended. Such an extensive project as this in addition would provide incalculable opportunities for study of trends and patterns and for coordinating work already done with that which we are performing now, both clinically and in our laboratories. As I have already mentioned, this concept is particularly applicable to research in cardiovascular disease. For instance, the fact that Ceylon has a mortality rate from heart disease of about 68 per 100,000 population compared with 460 per 100,000 in the United States may serve to shed light upon the etiology of heart disease and eventually lead to its prevention. Similar statistics occur with relation to cancer, arthritis, mental illness, tuberculosis, and nutritional diseases. Although some diseases, such as leprosy, are not of great consequence in the United States, experience has demonstrated that research efforts to conquer one disease frequently result in discoveries that are of direct importance in the control and treatment of other diseases. Cancer and heart disease are but two dramatic examples of the type of disease that might be eradicated completely within a few years if there were an opportunity to study the results of therapy on large numbers of patients in various environments.

There are many other examples that may be cited to illustrate the value to our people of funds expended in support of medical research efforts that cross our borders. But I should like now to emphasize still another important reason for my support of this proposed legislation. This is

concerned with my strong belief that international cooperation along the line of medical scientific research can be a potent and far-reaching influence for world peace as well as for improvement of health. I have traveled extensively, not only in Europe and the Americas but also in Asia and in countries behind the Iron Curtain, and I have found in every country I have visited a distinct bond between their scientific community and ours. There exists a warmth and a friendly intellectual curiosity that transcends political differences and that allows for true communication between people of different nationalities and cultures. The expenditure of these funds for International Medical Research will not only help enhance the friendly relationship between countries, but through the opportunities provided by this type of legislation in association with our research, there will be an increase in investigative activities, a means for providing better coordination of these activities, and a better utilization of facilities and information already available. In the final analysis, therefore, there will accrue tremendous benefits to our own people.

The principle underlying this legislation is both idealistic and practical, a combination irresistible to most thinking Americans. Even more important, however, is the humanitarian aspect of this type of program. The concept of assistance to the underprivileged even without a direct gain for ourselves is a deeply cherished American tradition. From the point of view of a taxpayer, of a person interested both personally and professionally in seeing improvement of health standards, and of one who wishes to serve a humanitarian purpose, I strongly urge the adoption of this bill.